

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece,

**Wendy Mahan  
ConcoPhillips Alaska, Inc  
P.O. Box 196105, NSK61  
Anchorage, AK 99519**



9590 9403 0670 5183 4807 55

2. Article Number (Transfer from service label)

7015 0640 0001 0935 7961

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Scott Roberts*

- Agent
- Addressee

B. Received by (Printed Name)

*Scott Roberts 1-14-16*

C. Date of Delivery

- Address different from item 1?  Yes
- Delivery address below:  No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery